
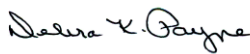


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|  <p style="text-align: center;"><b>POLICIES<br/>AND PROCEDURES</b></p> <p style="text-align: center;"><b>State of Tennessee<br/>Department of Intellectual<br/>and Developmental<br/>Disabilities</b></p> | <b>Policy #:</b> 80.3.6                           | <b>Page</b> 1 of 2 |
|  | <b>Effective Date:</b> November 13, 2015          |                    |
|  | <b>Distribution:</b> B                            |                    |
| <b>Policy Type:</b> Community Waiver   | <b>Supersedes:</b> 80.3.6 (August 3, 2012)        |                    |
| <b>Approved by:</b><br><br><br>Debra K. Payne, Commissioner   | <b>Last Review or Revision:</b> February 10, 2015 |                    |
| <b>Subject: AMENDING THE INITIAL PLAN OF CARE BEFORE DEVELOPMENT OF THE ISP</b>  |   |                    |

- I. **AUTHORITY:** Tennessee Code Annotated (TCA) Section 4-3-2708, TCA 33-1-302(a), TCA 33-1-303(3), TCA 33-1-305, TCA 33-3-101 and the Medicaid Home and Community Based Services (HCBS) Waiver
- II. **PURPOSE:** The purpose of this policy is to provide clarification concerning the process for handling requests for authorization of Medicaid HCBS waiver services in the interim between enrollment in the waiver and development of the comprehensive Individual Support Plan (ISP).
- III. **APPLICABILITY:** This policy applies to regional office staff responsible for authorizing requests for Medicaid HCBS waiver services, Independent Support Coordinators (ISC), and Case Managers (CM).
- IV. **DEFINITIONS:**
  - A. **Home and Community Based Services (HCBS) Waiver or Waiver** shall mean a waiver approved for Tennessee by the Centers for Medicare and Medicaid Services to provide services to a specified number of Medicaid eligible individuals who have an intellectual disability and who meet Medicaid criteria for reimbursement in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). The HCBS waivers for people with intellectual disabilities in Tennessee are operated by the Department of Intellectual Disabilities with oversight from TennCare, the state Medicaid agency.
  - B. **Individual Support Plan (ISP)** shall mean a person-centered document that provides an individualized, comprehensive description of the person-supported as well as guidance for achieving unique outcomes that are important to the person in achieving a good quality of life in the setting in which they reside.
  - C. **Pre-Admission Evaluation (PAE)** shall mean the Medicaid data collection form used to document that the person supported meets the initial level of care criteria for reimbursement of services through an HCBS waiver, an ICF/IID, or a nursing facility.

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| Effective Date: November 13, 2015  | Policy #: 80.3.6 | Page 2 of 2 |
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V. **POLICY:** This policy describes the requirements for amending a 60-day initial plan of care if the needs of the person-supported changed before the Individual Support Plan (ISP) was developed and implemented.

VI. **PROCEDURES:**

- A. The ISC or CM shall ensure that the Individual Support Plan (ISP), including amendments when applicable, is developed and finalized within 60 calendar days after the person's enrollment into a Medicaid HCBS waiver.
- B. The total combined cost of services listed on the initial plan of care or the comprehensive ISP shall not exceed the individual cost neutrality cap, where applicable.
- C. If during the 60-day interval prior to development and implementation of the comprehensive ISP the individual needs to add a waiver service to the initial plan of care, to delete a waiver service, or to change the amount, frequency, or duration of a service on the initial plan of care, the change may be requested in accordance with the following:
  1. The ISC or CM shall complete a Request to Amend the Initial Plan of Care Form. Supporting documentation to justify the request for the service shall be submitted, where applicable, as an attachment to the completed Request to Amend the Initial Plan of Care Form.
  2. The ISC or CM shall submit the Request to Amend the Initial Plan of Care Form to the Regional Office Plans Review Unit.
  3. The Regional Office Plans Review Unit shall process the completed form in the same manner as an amendment to the ISP, in accordance with policy 80.3.4 Authorization of Services.

VII. **CQL STANDARDS:** 8a

VIII. **REVISION HISTORY:** March 8, 2012, February 10, 2015

IX. **TENNCARE APPROVAL:** February 10, 2015

X. **ATTACHMENTS:**

- A. Request to Amend the Initial Plan of Care Form (DIDD-0611)